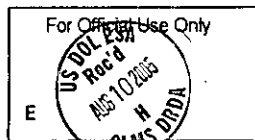


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>4408</u>	2. Fiscal Year Covered From:  1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.  Name Paul A Markwitz  P.O. Box, Bldg., Room No., if any  Street 6106 LaFrank Drive  City Ontario  State New York ZIP Code + 4 14519	4. Name, file number, and address of labor organization.  Name IBT Local 791  Labor Organization File Number <u>66179</u>  P.O. Box, Building and Room Number, if any  Street 1354 Buffalo Road  City Rochester  State New York ZIP Code + 4 14624
5. Position in labor organization. President	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.        7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>[Signature]</u>	On <u>8/4/05</u> Date	<u>585-328-1130</u> Telephone Number



Name of Person Filing **PAUL MARKWITZ****ATTACHMENT TO PAGE 2, PART C, FORM LM-30**

Name and address of business:

Name **Upstate NY Bakery Drivers & Ind Pension Fund**  
Trade Name, if any:   
P.O Box, Bldg., Room No., if any   
Street **109 S. Warren Street, Suite #1103, State Tower Bldg.**  
City **Syracuse**  
State **NY** Zip Code + 4 **13202**

Nature of Payment:

Reimbursement of expenses for a BOT Meeting in Orlando, FL from February 19 - 20, 2004, including travel, accommodations, meals & incidentals.

Date of Payment

**3/2/2004**

Amount of Payment:

**\$1,106.85**

Nature of Payment:

BOT Meeting room, food and beverages for the 2-20-04 meeting in Orlando, FL.  
Hyatt Grand Cypress.

Date of Payment

**3/17/2004**

Amount of Payment:

**\$165.21**

Nature of Payment:

BOT Meeting room, food and beverages for the 4-05-04, meeting in Syracuse, NY  
Homewood Suites.

Date of Payment

**4/5/2004**

Amount of Payment:

**\$28.43**

Nature of Payment:

BOT Meeting room, food and beverages for the 10-14-04, meeting in Syracuse, NY  
Homewood Suites

Date of Payment

**10/14/2004**

Amount of Payment:

**\$40.37**

Nature of Payment:

Date of Payment

Amount of Payment:

